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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	RCA89068
First Named Inventor	Daniel R. Schneidewend
COMPLETE IF KNOWN	
Application Number	09/445,268
Filing Date	December 3, 1999
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR COORDINATING USER ACTIONS

the specification of which
 is attached hereto
OR

(Title of the Invention)

was filed on (MM/DD/YYYY) December 3, 1999 as United States Application Number or PCT International

Application Number 09/445,268 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/048,879	June 6, 1997	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

DECLARATION—Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U. S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US98/11304	June 5, 1998	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number		<input type="checkbox"/> Place Customer Number Bar Code Label here
OR		
<input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below		

Name	Registration Number	Name	Registration Number
TRIPOLI, Joseph S.	26,040		
SHEDD, Robert D.	36,269		
LIAO, Frank Y.	40,065		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label Correspondence address below

Name	JOSEPH S. TRIPOLI - PATENT OPERATIONS		
Address	PO BOX 5312, 2 INDEPENDENCE WAY		
Address			
City	PRINCETON	State	NJ
Country	USA	Telephone	609 734-9400
		ZIP	08540
		Fax	609 734-9700

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any) <u>Daniel Richard</u>		Family Name or Surname <u>Schneidewend</u>			
Inventor's Signature	<u>Daniel Richard Schneidewend</u>				Date 3/2/00
Residence: City	Fishers	IN	State	IN	Country USA
Post Office Address	11221 Tall Trees Drive				
Post Office Address					
City	Fishers	State	IN	ZIP 46038	Country USA

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
<u>Given Name (first and middle [if any])</u>		<u>Family Name or Surname</u>						
<u>Jerome Paul</u>		<u>Geis</u>						
Inventor's Signature	<i>Jerome Paul Geis</i>						Date	
Residence: City	Noblesville,	JN	State	IN	Country	USA	Citizenship	USA
Post Office Address	4825 Pinebrook Drive							
Post Office Address								
City	Noblesville	State	IN	ZIP	46060	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
<u>Given Name (first and middle [if any])</u>		<u>Family Name or Surname</u>						
<u>Darrel Wayne</u>		<u>Randall</u>						
Inventor's Signature							Date	
Residence: City	Danville	State	IN	Country	USA	Citizenship	USA	
Post Office Address	7485 Cherry Hill Drive							
Post Office Address								
City	Indianapolis	State	IN	ZIP	46254	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
<u>Given Name (first and middle [if any])</u>		<u>Family Name or Surname</u>						
<u>Michael Joseph</u>		<u>McLane</u>						
Inventor's Signature							Date	
Residence: City	Indianapolis	State	IN	Country	USA	Citizenship	USA	
Post Office Address	720 Sherwood Drive							
Post Office Address								
City	Indianapolis	State	IN	ZIP	46240	Country	USA	

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ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Jerome Paul		Geis						
Inventor's Signature							Date	
Residence: City	Noblesville,	State	IN	Country	USA	Citizenship	USA	
Post Office Address	4825 Pinebrook Drive							
Post Office Address								
City	Noblesville	State	IN	ZIP	46060	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Darrel Wayne		Randall						
Inventor's Signature	<i>Darrel Wayne Randall</i>						Date	3/2/00
Residence: City	Danville	IN	State	IN	Country	USA	Citizenship	USA
Post Office Address	7485 Cherry Hill Drive							
Post Office Address								
City	Indianapolis	State	IN	ZIP	46254	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Michael Joseph		McLane						
Inventor's Signature							Date	
Residence: City	Indianapolis	State	IN	Country	USA	Citizenship	USA	
Post Office Address	720 Sherwood Drive							
Post Office Address								
City	Indianapolis	State	IN	ZIP	46240	Country	USA	

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Inventor's Signature							Date	
Residence: City	Noblesville,	State	IN	Country	USA	Citizenship	USA	
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Post Office Address								
City	Noblesville	State	IN	ZIP	46060	Country	USA	
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Given Name (first and middle [if any])				Family Name or Surname				
Darrel Wayne				Randall				
Inventor's Signature							Date	
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Given Name (first and middle [if any])				Family Name or Surname				
<u>Michael Joseph</u>				<u>McLane</u>				
Inventor's Signature	<u>Michael Joseph McLane</u>						Date	3/3/00
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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) <i>Megan Louise</i>		Family Name or Surname <i>Brown</i>						
Inventor's Signature	<i>Megan Louise Brown</i>						Date <i>3/2/00</i>	
Residence: City	Carmel	<i>JN</i>	State	IN	Country	USA	Citizenship	USA
Post Office Address	11321 Rolling Springs							
Post Office Address								
City	Carmel	State	IN	ZIP	46033	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Mark Sheridan		Westlake						
Inventor's Signature							Date	
Residence: City	Fishers	State	IN	Country	USA	Citizenship	USA	
Post Office Address	11227 Knightsbridge Lane							
Post Office Address								
City	Fishers	State	IN	ZIP	46038	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

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Given Name (first and middle [if any])		Family Name or Surname							
Megan Louise		Brown							
Inventor's Signature							Date		
Residence: City	Carmel	State	IN	Country	USA	Citizenship	USA		
Post Office Address	11321 Rolling Springs								
Post Office Address									
City	Carmel	State	IN	ZIP	46033	Country	USA		
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])		Family Name or Surname							
Mark Sheridan		Westlake							
Inventor's Signature	<i>Mark Sheridan Westlake</i>						Date	<u>3/2/00</u>	
Residence: City	Fishers	JN	State	IN	Country	USA	Citizenship	USA	
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Post Office Address									
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Inventor's Signature							Date		
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Post Office Address									
City		State		ZIP		Country			

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